184	
ARIZONA STATE BOARD OF HEALTH State File No. 77	
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH BUREAU OF VITAL STATISTICS Registered No.	
Mila	
District or Township	
City No. Ward St. Ward (If birth occurred in a hospital or institution, give its NAME instead of atreet and number)	
2. Full name of child wan Pldroza [If child is not yet named, make supplemental report, as directed.]	
3. Sex of Child To be appreced ONLY 4. Twin, triplet or other 6. Legitimate?	
male in event of plural births. 5. No., in order of birth	7. Date of birth My. 23-1927. Month Day Year
8. FATHER	14. MOTHER
Full name Man Pldroza	Full maiden name Arlagoria (1911)
9. Residence (Usual place of abode) Miami	15 Residence (Usual place of abode) Manni
If non-resident, give place and state,	If non-resident, give place and state.
10. Color or race	16 Color or race
Met. 11. Age at last birthday 27 (Years)	Mey. 17. Age at last birthday / 8 (Years)
12. Birthplace (city or place) Jalia co	18. Birthplace (city or place) Julia Co
(State or country) (Mex.	(State or country) (Mef.
13. Occupation	19. Occupation
Nature of industry	Nature of industry
Miner	1 Stousewife
20. Number of children of this mother	nd now living # 21. Were precautions (taken against oph-thalmia neonatorim?
(Taken as of time of birth of child herein certified and including this child.) (b) Sorn arive by certified and including this child.)	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 0 15 0	
I hereby certify that I attended the birth of this child, who was Down alive of shifty	
*When there was no attending physician) element 1011/2 / 20 10 h mu 20 10:	
or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from	
Month, day, year Que 3/ 37	
Registrar Filed CC	Registrar
171-823-	registrar,
111 093 116	